## PART B - FEE(S) TRANSMITTAL

Complete and send this forfit together with applicable			01	P.O. Box 1450 Alexandria, Virginia 22313-1450 r <u>Fax</u> (571)-273-2885					
• INSTRUCTIONS: This form that to be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further contagnation of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.									
20529 75 NATH & ASSO( 112 South West Str Alexandria, VA 22	any change of address)	Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, mave its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsin transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name (Signature)					for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile		
APPLICATION NO.	NO. FILING DATE			FIRST NAMED INVENTOR			DOCKET NO.	CONFIRMATION NO.	
10/623,707 TITLE OF INVENTION: M	Avi Kopelman OF A DENTAL PROSTHESIS			25	5588	4931			
APPLN, TYPE	SMALL ENTITY	ISSUE FE	EE PU		CATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		***	\$300	\$1000		08/18/2006	
EXAMINER		ART UNIT		CLASS	CLASS-SUBCLASS				
O'CONNOR, CARY E		3732		433	-213000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
CADENT LTD. OR YEHUDA, ISBAEL									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are of Issue Fee Publication Fee (No sn Advance Order - # of	A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0112. (enclose an extra copy of this form).								
5. Change in Entity Status (  a. Applicant claims SM  The Director of the USPTO is NOTE: The Issue Fee and Puinterest as shown by the reconstruction.	b. Applica	int is no long	er claiming SMAI	LL ENTITY s	tatus. See 37 CF	FR 1 27(g)(2)			
interest as shown by the recon	ds of the United States Pate	nt and Trademark (	office.	outer than th	e applicant; a regi	siered attorne	y or agent; or th	e assignee or other party in	
Authorized Signature	Date 11-11/25/16 \$557 ENEP (2008) 1872 1888 1297								
Typed or printed name	EYER			01 FC:1 Registration 12		74	360.68 OP 760.68 OP		
This collection of information an application. Confidentialits submitting the completed applies this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	is required by 37 CFR 1.31 y is governed by 35 U.S.C. literation form to the USPT( for reducing this burden, shi a 22313-1450. DO NOT \$450.	1. The information 122 and 37 CFR 1. D. Time will vary dould be sent to the END FEES OR CO	is required to 14. This colle epending upon Chief Information OMPLETED	o obtain or re ection is esti- on the indivi- ation Officer FORMS TO	tain a benefit by the mated to take 12 n dual case. Any co , U.S. Patent and THIS ADDRESS	ne public which ninutes to con mments on th Trademark Of SEND TO: 0	ch is to file (and nplete, including e amount of tim fice, U.S. Depa Commissioner for the com	by the USPFO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

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MAIL STOP - ISSUE FEE Attorney Docket No.: 25588

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Art Unit: 3732

KOPELMAN, et al.

Examiner: O'Conner, C.E.

Application No.: 10/623,707

Confirmation No.: 4931

Filed:

July 22, 2003

Title:

METHOD FOR DEFINING A FINISH LINE OF A DENTAL PROSTHESIS

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- Part B-Issue Fee Transmittal;
- 2) Check Number: <u>2667</u> in the Amount of \$1,030.00 for Issue (\$700), Publication (\$300), and Advanced Ordered Copies (\$30) Fee Payments as a **Small Entity**.

The Commissioner is hereby authorized to charge any deficiency or credit any excess to Deposit Account Number 14-0112.

By:

Respectfully submitted,

NATH & ASSOCIATES PLLC

Date: August  $\frac{1}{6}$ , 2006

Gary M. Nath, Reg. No. 26,965 Gregory B. Kang, Reg. No. 45,273 Jerald L. Meyer, Reg. No. 41,194

Customer No. 20529

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